## Case 24-10641-pmm Doc 44 Filed 11/19/24 Entered 11/19/24 18:24:00 Desc Main Document Page 1 of 2

Fill	in this information to identify your c	ase.				l				
	otor 1 Richard Day									
	otor 2  puse, if filing)									
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PEN	INSYLVANIA						
1	<b>24-10641</b> nown)					Check if this is:  An amended filing  A supplement showing postpetition chapter				
0	fficial Form 106l					1	13 income a	as of the following date:		
	chedule I: Your Inc	ome				ŗ	MM / DD/ Y	Y Y Y 12/1:		
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment	ır spouse is not filing wi	th you,	do not include in	formati	on abou	t your spo	use. If more space is needed,		
1.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.	Employment status	■ En	■ Employed			■ Employed			
		Employment status	☐ Not employed				☐ Not employed			
		Occupation	repai	rs/services			Instruct	or		
		Employer's name	ENV Services, Inc. and Sta			Grace Bible School/Landis aples Supermarket				
	Occupation may include student or homemaker, if it applies.	Employer's address				<u>, p</u>	Superin	arret		
		How long employed there? 4 years			22 years/ 4 years					
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have	e nothing to report	for any	line, writ	e \$0 in the	space. Include your non-filing		
	u or your non-filing spouse have mo e space, attach a separate sheet to		mbine t	ne information for	all empl	oyers for	that persor	n on the lines below. If you need		
						For De	btor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,				2. \$	4	I,916.69	\$ 1,842.75		

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3.

0.00

4,916.69

+\$

0.00

1,842.75

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Richard David Kriebel	_	Case	number (if known)	24-106	41	
				For Debtor 1			ebtor 2 or ling spouse	
	Cop	by line 4 here	4.	\$	4,916.69	\$	1,842.75	
_					<u> </u>			
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	890.11	\$	322.03	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	\$_ \$	0.00	\$	0.00	
	5d. 5e.	Insurance	5d. 5e.	\$ _	0.00 603.07	\$	0.00	
	5f.	Domestic support obligations	5f.	\$-	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	
	5h.	Other deductions. Specify: interest and div	5h.⊣	- : -		+ \$	219.45	
6.	Ada	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	1,493.18	\$	541.48	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	* – \$	3,423.51	\$	1,301.27	
				Ψ_	3,423.31	Ψ	1,501.27	
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$-	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		· –		·	0.00	
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	2 500 00	
	8d.		8d.	\$ _	0.00	\$ —	3,500.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive		*-		* <u></u>	0.00	
		Include cash assistance and the value (if known) of any non-cash assistance	)					
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	- \$	0.00	+ \$	0.00	
		· · · · · · · · · · · · · · · · · · ·						٦
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	3,500.00	)
			_					
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		3,423.51 + \$	4,80	1.27 = \$	8,224.78
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Sta	te all other regular contributions to the expenses that you list in Schedule	J.					
	Incl	ude contributions from an unmarried partner, members of your household, your		dents	, your roommates	s, and		
		er friends or relatives.	ovoilok	olo to i	aay aynanaaa list	od in Cal	andula I	
	_	not include any amounts already included in lines 2-10 or amounts that are not ecify:	avallal	ne to p	bay expenses list	eu III <i>Sci</i>	11. <b>+</b> \$	0.00
12.	Add							
		te that amount on the Summary of Schedules and Statistical Summary of Certail	in Liab	ilities	and Related Data	, if it	12. \$	8,224.78
	app	iles					ΙΖ	0,22 0
							Combin	
13.	Dο	you expect an increase or decrease within the year after you file this form	?				monthly	/ income
10.	<b>=</b>	No.	•					
	$\overline{}$	Yes. Explain:						

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